

## Requestor Information

First Name		Last Name	
Badge Number/Identifier	Name of Canadian Institution or Law Enforcement Agency		
Division/Station	Telephone Number	Email	
Investigation/Police Occurrence Number (relating to the investigation for which the records are being requested)			

## Details of Request

<ol style="list-style-type: none"> <li>How the requested documents are intended to be used to aid an investigation undertaken with a view to a law enforcement proceeding; or</li> <li>The reasonable basis your institution has to believe that an offence may have been committed; and the basis on how the requested information would be required to enable your institution/agency to determine whether or not to conduct an investigation with a view to a law enforcement proceeding in relation to this potential offence.</li> </ol>
<b>Please provide as much detail as can be provided in the circumstances</b>

## Patient Information

First Name	Last Name
Date of Birth (yyyy-mm-dd)	Date (yyyy-mm-dd) & Time (hh:mm) of the Incident
Location of the Incident	

## Disclosure Requested

<input type="checkbox"/> Ambulance Call Report	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Incident Summary	

## Acknowledgment/Signature

It is acknowledged that by signing and dating below the Requestor is asserting the information is being requested on behalf of the named institution/agency as required to aid in an investigation undertaken with a view to a law enforcement proceeding or that the institution holds a reasonable basis that an offence has been committed and that the requested information is required for the purpose of determining whether or not to conduct an investigation from which a law enforcement proceeding is likely to result, for purposes of s.43(1)(g)(f), of PHIPA, 2004.	
Signature of Requestor	Date (yyyy-mm-dd)

The information collected, used and/or disclosed by the City of Toronto, Toronto Paramedic Services, in connection with this form is collected, utilized, and disclosed as may be required to process your Authorization to Disclose Personal Information, and in accordance with the Toronto Paramedic Services' Information Practices. Copies of the Toronto Paramedic Services' Information Practices are available at Toronto Paramedic Services – Complaints & Compliments – City of Toronto. Questions regarding Toronto Paramedic Services' Information Practices can be addressed to: Commander, Privacy and Clinical Information at Toronto Paramedic Services, 4330 Dufferin Street, Toronto, ON M3H 5R9 or by telephone at 437-212-2547.